

PLEA

Defendant's Name _____ Date of Birth _____ Citation number(s) _____

Current Address _____

Daytime phone (____) _____

Plea (Check one):

_____ **No Contest** _____ Payment in full _____ Check or money order payable to the *Municipal Court*.

Charge: Card Number _____ exp. date _____ CVV Number: _____

Full amount paid \$ _____ Signature _____

_____ **Not Guilty** An Order for Pretrial Conference will be mailed to you.

Mail to: Municipal Court, 1315 North 23rd Street, Suite 102, Sheboygan, WI 53081

Include a copy of your citation or the defendant's name and citation number.